Madison School District Medication Authorization Form 2023-2024

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Students Name _____ Date of Birth_____

Grade _____ Teacher _____

Name of Medication	1)	2)	3)	Tylenol / Motrin (As Needed) (Circle One)
Medical Diagnosis				
Dosage of Medication				
Time of Administration				
Route of Administration				
Potential Side Effects				
Student capable of self-administering medication	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)
Student may carry medication on person	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)

Physicians Printed Name _____

Address_____ Phone_____

Physicians Signature _____ Date_____
(Name stamp is not an acceptable signature.)

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1) **Absolutely no medication will be given without a Medication Authorization Form signed by parent/guardian and the physician, including over-the-counter medications.**
2) **All prescription and non-prescription medication shall be supplied by the parent/guardian.**
3) **All prescription bottles must be labeled by the pharmacy with a current date, the name of the student, name of medication, dosage of medication, route of administration, and time to be given.**
4) **All non-prescription medication must come to school in its original packaging labeled with students name and date of birth.**
5) **Expired medication will not be administered to students.**
6) **Any change in dosage or addition of new medication must be accompanied by an updated Medication Authorization Form signed by parent/guardian and the physician.**
7) **Any serious medical conditions that require "rescue" medication (allergies, asthma, diabetes, seizures, etc.) must include an emergency action plan written by the student's physician.**

I hereby request that my student be administered his/her medication by the school personnel authorized by the principal/supervisor. I understand that the medication will be administered as per the instructions of my above named physician. I will notify the school of changes or discontinuation of this medication(s).

Parent/Guardian Signature _____ Date_____